

1. APPLICANT (DEPT/DIV)				2. PA ID	3. PW #								4. DISASTER NUMBER		
5. LOCATION/SITE:					6. CATEGORY						7. PERIOD COVERING				
8. DESCRIPTION OF WORK PERFORMED															
TYPE OF EQUIPMENT <small>Indicate size, capacity, horsepower, make & model</small>		EQUIP. CODE NUMBER	OPERATOR'S NAME	DATES AND HOURS USED EACH DAY							TOTAL HOURS	EQUIP. RATE	TOTAL COST		
				HOURS											
				HOURS											
				HOURS											
				HOURS											
				HOURS											
				HOURS											
				HOURS											
				HOURS											
								GRAND TOTALS							
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.															
CERTIFIED				TITLE											